

Georgia Board of Nursing

Professional Licensing Boards Division 237 Coliseum Drive Macon, Georgia 31217-3858 Telephone: (478) 207-1640

Fax: (478) 207-1660

Web Site: www.sos.state.ga.us/plb/rn

VERIFICATION OF LICENSURE AS A REGISTERED NURSE BY ENDORSEMENT

Complete the top portion and forward one form to your state of **ORIGINAL** licensure and one to your state of **CURRENT** licensure. If your original board of licensure can provide verification of current license, forward form only to your original board of licensure. The state of Original/Current licensure will return this form directly to the Georgia Board of Nursing. Inquire whether there is a fee for completing the form when mailing to the respective board and submit fee with this form.

	First		Middle	Maiden	Last	
. Address						
S	Street		City		State	Zip
S. Social Security I	No.			4.	Date of Birth	
. Name of Nursin	g School			6.	Date of Graduation	/
. Location (city/state)						
s. I hereby authori	ze the designate	ed Board of Nursir	ng to furnish the info	rmation requested	to the Georgia Board	of Nursing.
State of		Board of	Nursing RN Licens	se No		-
Date _			S	ignature		
		FOR	LICENSING AGENC	Y USE ONLY		
his is to certify th	at the above na	med individual w	as issued license n	umber	to practice as a reg	gistered professio
-		_ (year licensed).			,	
Licensed	by: Exam	ination	Current licensure s	tatus: Active		
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